

Supplement 1 to
Attachment 3.1A

Service 19A
Case Management - Children
With Special Health Care
Needs

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Montana

services;

Case Plan Development

Developing a written, individualized, and coordinated case management service plan that is family-centered and culturally competent and which reflects a child's needs, strengths, goals of intervention, objectives, and activities in the context of the child's family and the resources available to meet those needs. When developmental Disabilities Family Education and Support Services retains lead status for the child, public health nursing may provide case management services for specific medical and health related activities determined to be part of the child and family's plan;

Implementation, Advocacy and Accountability (Monitoring)

Regular contacts through ongoing home visitation and other means to assure appropriateness of services provided to the child/family. Monitoring is used to identify and address concerns which may create barriers to services, and to assure the child receives services indicated in the case plan. Maintain regular contacts with recipients and service providers to encourage cooperation.

Retain documentation of case management services provided and submit data as required.

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Service 19C
Case Management - Children
With Special Health Care
Needs

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E. Qualifications of Providers:

VI. Children with Special Health Care Needs

1. To be considered by the Montana Department of Public Health and Human Services as a case management provider for children with special health care needs, the provider must:
 - a) must meet rules and statutory provisions generally applicable to all Medicaid providers
 - b) be approved by the department;
 - c) have knowledge and experience in the delivery of home and community services to children with special health care needs;
 - d) demonstrate an understanding of service coordination for young children;
 - e) have developed collaborative working relationships with health care and other providers in the area to be served;
 - f) have access to multi-disciplinary providers and have on file with the Department's Family and Community Health Bureau, a signed collaborative agreement with available providers of services for children with Special Health Care Needs, to include: public health nursing, social work, nutrition, and Well Child providers. Subspecialty providers, dental providers, educators and educational programs, Developmental Disabilities

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Family Education and Support Service providers, paraprofessional home visitor program staff, family trainers, and others should also be accessed in the community to help meet the child/family's needs.

2. Requirements for professional public health providers include:
 - a) a registered nurse with a bachelor's degree in nursing including course work in public health;
 - b) social worker with a masters or bachelors degree in behavioral sciences or related field with one year experience in community social services or public health; or
 - c) a registered dietitian who is licensed as a nutritionist in Montana and has one year experience in public health and/or maternal/child health.
3. The case management provider must be able to provide the services of at least one of the professional disciplines listed in #2 directly.
4. A case management provider must:
 - a) deliver care coordination services appropriate to the individual child/family's level of need;
 - b) respond promptly to requests and referrals of children for targeted case management;
 - c) perform assessments and develop care plans for the

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- appropriate level of care and document services provided;
- d) schedule services to accommodate the client's situation;
 - e) inform children and their parents and/or guardians regarding whom and when to call for health care emergencies;
 - f) assure that ongoing communication and coordination of the child's care occurs within the case management team and with the child's medical care providers;
 - g) provide services primarily in the home setting and additionally in office or clinic settings with telephone contacts as appropriate. Home visiting, particularly by the public health nurse, is an integral part of targeted case management for children with special health care needs. To accommodate unusual circumstances or the safety of home visitors, exceptions to home visiting at the primary location of service delivery may be allowed for individual children/families and should be documented in the child's medical record;
 - h) have a system for handling child/family grievances; and
 - i) maintain an adequate and confidential client record system. All services provided must be documented in this system.

5. A case manager must have knowledge of:

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- a) federal, state and local programs for children such as WIC, immunizations, perinatal health care, children's special health care needs, family planning, genetic services, hepatitis B screening, EPSDT, Developmental Disabilities Family Education and Support Services, etc in Montana;
 - b) individual health care systems plan development and evaluation;
 - c) community health care systems and resources; and
 - d) nationally recognized early childhood health care and self child health supervision standards.
6. A case manager must have the ability to:
- a) interpret medical findings;
 - b) develop or participate in the development of an individual case management plan based on an assessment of a child's health, nutritional and psychosocial status, and personal and community resources;
 - c) inform child/family regarding health conditions and implications of risk factors;
 - d) foster a child's parent or guardian's ability to assume responsibility for the child's health care;
 - e) assist the child/family to establish linkages among service providers;
 - f) coordinate access to multiple provider services to the benefit of the child/family; and
 - g) evaluate a child/family's success in obtaining

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appropriate medical care and other needed services.

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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Case Management - Children
At Risk for Abuse &
Neglect

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A. Target Group:

V. Children at Risk for Abuse & Neglect

1. A child is eligible for case management services for children at risk of abuse or neglect if the child is eligible for Medicaid and meets the following criteria:
 - a) is 12 years or younger; and
 - b) considered to be at risk of abuse or neglect as determined by an eligible provider of children at risk of abuse or neglect case management service; and
 - c) not receiving case management services from other case management providers:
2. A child is considered to be at risk of abuse or neglect if a provider of children at risk of abuse or neglect case management services determines the child to be at risk of abuse or neglect; and
 - a) the child has been referred to the Department of Public Health and Human Services for risk of abuse or neglect but not at risk for removal from the home; or
 - b) no referral to the Department has been made but the standardized Partnership to Strengthen Families'

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Risk Referral (form PSF-01) indicated high potential for abuse and/or neglect and the Partnership provider has verified risk through the standardized assessment process utilizing the Family Life Survey (form PSF-20), The Life Experiences Survey (form PSF-21), and the Basic Family Needs Survey (PSF-23).

B. Areas of State in which Services will be Provided:

V. Children at Risk for Abuse and Neglect

(X) Entire State:

() Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide)

C. Comparability of Services:

V. Children at Risk for Abuse and Neglect

() Services are provided in accordance with section 1902(a)(10)(B) of the Act.

(X) Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

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D. Definition of Services:

V. Children at Risk for Abuse and Neglect

Case management means the process of planning and coordinating care and services to meet individual needs of a child and to assist the child/family in accessing necessary medical, social, nutritional, educational and other services. Case management includes assessment, case plan development, monitoring of the recipient's status and service coordination.

Case management is not a part of any other Medicaid service.

The receipt of case management services does not restrict a recipient's right to receive other Montana Medicaid services from any certified provider.

The core functions of the case manager are to provide or assist in providing the following:

Care Coordination and Referral

Help individuals to access services by establishing and maintaining a referral process for needed and appropriate services and to avoid duplication of services;

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Risk Assessment

Identify the client's physical, medical, nutritional, psychosocial, developmental, and educational status in the context of the child's family to determine if the child meets the "at risk" criteria of Partnership. This is an ongoing process updated at each family contact;

Case Plan Development

Prepare a written service plan based upon the assessment to reflect a child's needs, strengths, goals of intervention, objectives, and activities in the context of the child's family and resources available to meet those needs in a coordinated and integrated manner.

Implementation, Advocacy and Accountability(Monitoring)

Assure individuals receive access to services as indicated in the service plan. Maintain regular contacts with recipient and service providers to encourage cooperation and resolve problems which may create barriers to services.

Retain documentation of case management services provided and submit data as required.

E. Qualifications of Providers: